



**Montgomery County Department of Health and Human Services
Licensure and Regulatory Services
255 Rockville Pike, 1st Floor, Suite 100, Rockville, Maryland 20850
Phone: 240-777-3986 Fax: 240-777-3088
www.montgomerycountymd.gov/licensure**

FOOD SERVICE FACILITY LICENSE APPLICATION
(LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON)

New Renewal Change of Owner Name Change **TODAY'S DATE:** _____

Name of Facility: _____

Address: _____

Telephone No.: _____ Fax No.: _____ Federal Tax ID: _____

Email Address (**REQUIRED**): _____

Mailing Address (If Different): _____

Number of Seats or Square Footage (if no seats): _____ Mail license to: Facility or Owner

Does the Facility Provide Catering? Yes No

Owner/Corporation Name: _____ Telephone No.: _____

Address of Owner/Corporation: _____

Former Name of Facility (if applicable): _____ Working Hours and Days Open for Business: _____

Water Supply: Public On-Site/Well **Sewage:** Public On-Site/Septic System
(NOTE: Allow 30 days for well water testing and septic inspection. Contact DPS/Well & Septic Section at 240-777-6300)
WSSC or City of Rockville / Poolesville Account Number: _____

Workers' Compensation Insurance Company Name: _____ **Policy/Binder No.:** _____

Check here if Sole proprietor. The business is a sole proprietorship with no employees. Members of a partnership or LLC, must apply for a Certificate of Compliance from the Worker's Compensation Commission (410-864-5100 or 800-492-0479). Check here if a Certificate of Compliance is on file in our office.

If you do not have Worker's Compensation Insurance, you must submit a copy of the Certificate of Compliance issued by the Worker's Compensation Commission (410-864-5100 or 800-492-0479).

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Telephone Number: _____ (NOT the facility telephone number) Fax Number: _____

Email: _____

Montgomery County Department of Health and Human Services must be notified when the emergency contact information changes.

I hereby certify that the above information is accurate and complete:

Signature of Applicant: _____

Printed Name and Title of Applicant: _____

Payment Method

Check Money Order Visa MasterCard **CASH IS NOT ACCEPTED** Amount: \$ _____

Credit card payments fax to: 240-777-4531 (confidential fax line).

Credit Cardholder's Name: _____

Credit Card No: _____ Exp. Date: _____ 3 Digit Security Code: _____

I agree to pay the indicated total amount according to card issuer agreement:

Cardholder's Signature: _____

Submit completed application and application fee to address at the top of the application. Checks or money orders are payable to "Montgomery County, Maryland".

OFFICE USE ONLY		
Receipt No: _____	Amount Paid: _____	Date Issued: _____
Check No./Money Order: _____	Expires: _____	Staff Initials: _____

FEE SCHEDULE

Type of License	Fee
(A) Low Priority (Facilities that serve commercially packaged potentially hazardous foods directly to the consumer; or non-potentially hazardous food that is cut, assembled, or packaged on the premises, such as candy, popcorn, and baked goods; or hand dipped ice cream)	\$200.00
(B) Moderate Priority (Facilities that serve potentially hazardous food that is prepared requiring the food to pass through the temperature danger zone, 41°F to 135°F, one time before service, such as cooking, hot holding, and then serving; or facilities that cut, assemble, or package on the premises, such as meats)	\$375.00
(C) High Priority (Facilities that serve potentially hazardous food that is prepared a day or more in advance of service; or using food preparation methods that require the food to pass through the temperature danger zone, 41°F to 135°F, two or more times before service, such as cooking, cooling, and then reheating)	\$525.00
(D) Non-Profit Charitable Organization:	\$100.00
(E) Facility (Facilities other than Non-Profit Charitable Organizations that are also licensed as Private Schools, Hospitals, or Care Homes)	\$130.00
(F) Mobile Facilities, Event Series, or Seasonal or Pool Snack Bars operating for more than 14 days but less than 90 days with operating dates printed on the license:	\$175.00